



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3711

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 10/748,869 | FILING OR 371(c) DATE 12/30/2003 RULE | CLASS 433 | GROUP ART UNIT 3732 | ATTORNEY DOCKET NO. NOBELB.163A |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS

Steve Hurson, Yorba Linda, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/438,266 01/03/2003 *RL*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

04/29/2004

| | | | | |
|---|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 15 | TOTAL CLAIMS 35 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

20995

TITLE

Dental implant system

| | | |
|--|---|---|
| FILING FEE RECEIVED 1170 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|--|---|---|